



BOROUGH OF BATLEY.

REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1926.

G. H. PEARCE, M.D. (Durh.), D.P.H. (Camb.),
Of the Inner Temple, Barrister-at-Law.
*Member of Council, Society of Medical Officers of Health.
Past President, Yorkshire Branch, Society of Medical Officers of
Health. Member of the Royal Sanitary Institute, etc.*

Presented to the Chairman of the Education Committee
8th Feb., 1927.

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This Annual Report is compiled in accordance with suggestions for the arrangement of Annual Reports by School Medical Officers contained in the circular of the Board of Education dated 30th November, 1925.

Brevity has also been specially studied having regard to the opinions expressed at a meeting of the School Management Committee at Batley on 14th June, 1926.

1 { STAFF and CO-ORDINATION are described in detail on page
& { 80 of the Annual Report for 1925. The conditions existing
2 { then are the same to-day.

The School Medical Service in Relation to Public Elementary Schools.

3. SCHOOL HYGIENE.—A complete review of the hygienic conditions of the schools in the area, with particular reference to their surroundings, ventilation, lighting, warming, equipment and sanitation; observations on the type and condition of desks and blackboards, sanitary conveniences and lavatories, water supply for washing and drinking purposes, cleanliness of schoolrooms and cloakrooms, arrangements for drying children's clothes and boots, arrangements for:—(1) The warming up of meals brought to school by the children, (2) the supervision of children during the meals, and (3) the service of the meals and the relation of the general arrangements of the school to the health of the children AS IS REQUIRED BY THE BOARD OF EDUCATION TO BE MADE BY THE SCHOOL MEDICAL OFFICER (Schedule to Form 6M
30th November, 1925.) is contained in the Report of the School Medical Officer for the year 1925, pages 80 to 113.

The Director of Education informs me certain work has been carried out in connection with schools as below:—

BATLEY C.E.	School partially re-floored. Improvements to Sanitary Conveniences.
BROWNHILL.	Folding partition provided in the Main Room. Doorway and steps provided between Infants' Room and adjoining Classroom.
CARLINGHOW.	Metal Cloak Stand provided in the Girls' Department. Cloakroom floor of Boys' Department concreted. Through ventilation of Boiler House arranged, and repairs to Sanitary Conveniences.



PARK ROAD.	New bowls provided in the Infants' Lavatory. New Flushing Tank in the Boys' urinal. Boys' yard re-asphalted.
PURLWELL.	Part of the Boys' Department re-floored.
ST. MARY'S.	The Managers have had the Sanitary Conveniences repaired.
STAINCLIFFE.	The Managers have had certain repairs to the drains effected, and now have before them a definite request from the Education Committee to carry out repairs to the buildings, playground and outside offices, mentioned in a report received from H.M. Inspector dated 23rd September, 1926.
MILL LANE.	Hopper windows have been provided in the Cookery Room.

Several minor repairs and alterations in addition to those mentioned above, covering matters referred to in the last Report, have been carried out during the year.

ARTHUR S. ELLIOTT,
Director of Education.

The Report of the Senior Sanitary Inspector, Mr. J. W. Beaumont, is as follows:—

BATLEY CHURCH OF ENGLAND SCHOOL.

Upper Department. Boys' Sanitary Conveniences.

A new flush tank and flushing pipe to urinal.

Lighting and ventilation of sanitary conveniences improved by cutting off about 9in. from the top of the door of each compartment.

New eaves-gutter and rain-water fall-spout provided to the building.

The door of one compartment requires the hinges to be renewed and the door frame requires repair and re-fixing.

Upper Department. Girls' Sanitary Conveniences.

Lighting and ventilation of sanitary conveniences improved by cutting off about 9 in. from the top of the door of each compartment.

New eaves-gutter fixed, but still connected into the ventilation pipe of the drain, the top of which is only about 6ft. above the ground level.

This ventilation pipe should be carried to a height of at least 10 ft. above ground level.

Infants' Department. Sanitary Conveniences.

Lighting and ventilation of sanitary conveniences improved by cutting off about 9 in. from the top of the door of each compartment, but several of these doors are very badly fitting and do not close properly.

The rough stone walls of these urinals have been rendered with cement and the flush tank with flushing pipe has been provided to same.

A new eaves-gutter has been provided, which again is connected with the ventilating shaft to the drains. The latter is in a choked condition. This accentuates the disgusting smell arising from these sanitary conveniences, the outlet to the drains of which is still untrapped.



BROWNHILL C. OF E. SCHOOL.

Sanitary Conveniences.

All flushing apparatus, cisterns, etc., are now in proper order and in use.



CARLINGHOW SCHOOL.

Boys' Sanitary Conveniences.

These are now in good condition and the automatic flushing tank has been re-fixed.

It was stated by the caretaker, however, that these conveniences were only flushed once daily.

The wall near to gully-trap in Boys' Urinal is slightly defective and allows percolation of water into the sub-soil below. This should be made good with cement. The urinal itself is now very much cleaner than previously, the deposit on brickwork having been removed.

Infants' Sanitary Conveniences.

New cistern and flushing pipe have been provided to the urinal. The channel of this urinal at present has a fall in the wrong direction, due to some subsidence of the building, consequently there is lodgment of liquids.

There is still water standing on the floor in one or two water closet compartments used by the infants owing to lack of fall.



PARK ROAD SCHOOL.

Supplementary to the report on this School by the School Medical Officer—see pages 93 to 95 of his Annual Report for 1925—the Senior Sanitary Inspector made a report dated 18th September to the Sanitary Committee in response to a request by the Deputy Mayor J. Ramsden, J.P. This was later submitted to the Education Committee, and it is believed is still under consideration.



PURLWELL SCHOOL.

Beyond the provision of some new water taps in the lavatories of the Infants' Department, the position is the same as in the previous year.



ST. MARY'S R.C. SCHOOL.

Infants' Department. Girls' Sanitary Conveniences.

The water-closet basins at time of inspection were in a very dirty condition. All contained excreta. The automatic flushing tank was empty and the Conveniences would not appear to be flushed sufficiently often.

Infants' Department. Boys' Sanitary Conveniences.

Water-closet basins were in similar condition to those used by the Girls, and no flushing arrangements have been provided to the urinal.

Upper Department. Girls' Sanitary Conveniences.

These are now in satisfactory condition, the defective flushing pipes having been repaired.

Upper Department. Boys Sanitary Conveniences.

Water closets are now in satisfactory condition excepting that the door of one compartment has broken away from its hinges.

There are still no flushing arrangements provided for the Boys' Urinal.



STAINCLIFFE C. OF E. SCHOOL.

The conditions are much the same at this school respecting the matters referred to in the School Medical Officer's Report or the Report by the Senior Sanitary Inspector dated the 23rd June, 1926, re defective drains. Drain air is escaping into a classroom occupied by infants. It also escapes into the kitchen of the school house.



MILL LANE SCHOOL.

In the Girls sanitary conveniences all broken wood curbs have been renewed.

JOHN W. BEAUMONT,

Senior Sanitary Inspector.

At the Parish Church School the heavy sliding door separating the Infants from the Mixed Department has now been made safe. At Brownhill in Room 2 a portable blackboard is being used, and the desks have been re-arranged so as to permit light coming over the left shoulder of the scholars. Through ventilation has been provided to the boiler house, and the defective floor of the Infants' room situate over this boiler house has been repaired. There is now no complaint of sulphurous fumes obtaining access to the Infants' Department. Overcrowding in this department has been abolished by the provision of an additional classroom. At Purlwell several new water taps have been provided in the lavatories of the Infants' Department.

The hygienic conditions prevailing in all other schools are the same as described by the School Medical Officer in 1925.

MEDICAL INSPECTION.

(a) Age groups inspected during 1926 were (1) on first admission, (2) on attaining the age of eight years, (3) on attaining the age of twelve years.

(b) The Board's Schedule of medical inspection has been followed throughout.

FINDINGS OF MEDICAL INSPECTION.

SUMMARY OF CONDITIONS FOUND AT ROUTINE EXAMINATIONS, EXCLUDING DEFECTIVE TEETH, 1926.

Free from classified defects.				Found suffering from one or more classified defects.			
Averages	1908—12	40.2%		Averages	1908—12	59.7%	
"	1913—17	40.8%		"	1913—17	59.0%	
"	1918—22	44.8%		"	1918—22	55.1%	
1923	...	40.1%		1923	...	59.9%	
1924	...	40.2%		1924	...	59.8%	
1925	...	48.55%		1925	...	51.45%	
1926	...	56.35%		1926	...	43.64%	

If verminous conditions are deducted
the figures are —

Free from classified defects.				Found suffering from one or more classified defects.			
Averages	1908—12	77.6%		Averages	1908—12	22.3%	
"	1913—17	54.3%		"	1913—17	45.2%	
"	1918—22	51.5%		"	1918—22	48.3%	
1923	...	43.0%		1923	...	56.9%	
1924	...	43.9%		1924	...	56.1%	
1925	...	51.8%		1925	...	48.2%	
1926	...	57.8%		1926	...	42.2%	

PERCENTAGE OF CHILDREN FOUND WITH DEFECTS AT
ROUTINE EXAMINATIONS, EXCLUDING DEFECTIVE
TEETH, 1926.

SCHOOL	INFANTS.	GIRLS.	BOYS.
Wilton Park ... ..	...	83.3	100.0
Parish Church	22.2	45.7	56.2
Brownhill	37.5	56.2	29.4
Carlinghow	26.8	55.5	44.2
Field Lane	31.6	...	...
Healey	23.5	30.0	52.9
Park Road	25.0	50.0	49.05
Purlwell	36.0	42.4	50.0
St. Mary's	65.4	63.8	73.4
Staincliffe	30.0	33.3	46.6
Warwick Road	35.3	62.5	63.04
Gregory Street	35.7	35.0	...
Hanging Heaton	35.7	41.2	40.0
Mill Lane	22.6	41.9	41.02

(a) **UNCLEANLINESS.**—During the year 9,357 surprise examinations of scholars were made by the School Nurses in the Infants' and Girls' Schools. 497 individual children, being 9.6 per cent. of the scholars on the school registers were found to be in a verminous condition. Two prosecutions undertaken.

(b) **MINOR AILMENTS** are treated at the School Clinic. A charge of 1/- per year, first fortnight free, is made.

(c) **TONSILS and ADENOIDS.**—Operative treatment is undertaken at Batley Hospital as previously described. During 1926, 48 cases were referred by the School Medical Officer and 26 operated upon.

(d) **TUBERCULOSIS.**—The West Riding County Council is the authority for treatment. All notified cases are excluded from school and referred, as a rule, to the Tuberculosis Dispensary, which is situated in another town, a fact often commented upon previously.

(e) **SKIN DISEASE.**—Impetigo is the condition generally seen, and is treated at the School Clinic. An arrangement has been made between the Education Committee and Board of Guardians that ringworm cases should be treated by X-rays at the Staincliffe Institution.

(f) **EXTERNAL EYE DISEASE.**—21 scholars were seen at routine examinations suffering from blepharitis and referred for treatment.

(g) **VISION.**—The report of Dr. Randal Herley follows:—

54, Bradford Road,

Dewsbury,

31st December, 1926.

To the School Medical Officer, Batley.

Dear Sir,

During the year 1926 I examined the eyes of 244 school children and prescribed spectacles as follows:—

Hypermetropia 65, Myopia 21, Simple Myopic Astigmatism 11, Compound Myopic Astigmatism 7, Simple Hypermetropic Astigmatism 37, Compound Hypermetropic Astigmatism 53, Mixed Astigmatism 16.

In thirteen cases no glasses were prescribed, and in twenty-one children the glasses previously prescribed were found to be suitable.

Fifty-three children had convergent squint; in eleven cases corneal scars were present, and one child was suffering from Interstitial Keratitis. Three children had congenital nystagmus, and changes in the crystalline lens were observed in two cases. One little girl underwent an operation for cicatricial ectropion.

With many thanks to your staff,

Yours faithfully,

RANDAL HERLEY.

(h) **EAR DISEASE AND HEARING.**—All cases of disease or defect are referred, according to circumstances, to private practitioners or for hospital treatment.

(i) **DENTAL DEFECTS.**—A description of the Committee's dental scheme is given on page 122 of the School Medical Officer's Annual Report for 1926. Table 4 of the Board of Education at the end of this Report for 1926 gives some details.

(j) **CRIPPLING DEFECTS.**—Some details are given in Table 3 of the Board of Education in this Report. The following is a special Report prepared by the School Medical Officer during 1926.

REPORT UPON TREATMENT OF CRIPPLES IN BATLEY.

CAUSE. Crippling—apart from accidental causes—is usually due to:—

- (1) Tuberculosis of bones and joints.
- (2) Rickets.
- (3) Contraction of muscles following nervous diseases, particularly infantile paralysis.
- (4) Rheumatic conditions causing heart disease.

(1) Is usually due to drinking milk infected with the tubercle bacillus obtained from a cow suffering from the disease. Competent authorities state that from 50 to 75 per cent. of dairy cows in this country are infected with tuberculosis and at least 10 per cent. of the milk sold contains the bacillus.

(2) Is caused by improper feeding, together with bad housing, lack of sunlight and fresh air.

(3) Is caused by an organism which attacks the nervous system.

(4) Is predisposed to by bad feeding, malnutrition and bad housing.

PREVENTION.—Tuberculosis of bones and joints is largely a matter of pure milk supply.

In Batley, the County Council is responsible for the treatment of Tuberculosis.

Rickets is being very largely prevented by the teaching of mothers at the Infant Welfare Centres and in the homes. We can do little to prevent Infantile Paralysis, but by prompt treatment a great deal can be done to prevent deformities following it. Rheumatism is largely preventable on the part of parents by following the advice given by Health Visitors and School Nurses respecting the proper feeding and clothing of their children and on the part of Local Authorities through the performance of the duties laid upon them by the Housing Acts, whereby damp, dark, and insanitary dwellings may be dealt with.

DISCOVERY OF CASES.—Cases are known through the agency of Health Visitors and Infant Welfare Centres, School Nurses and the School Medical Officer. It is usual for many children to be crippled before they are old enough to attend school, although some develop the condition later, whilst others are born crippled, but in course of time all become of school age and subject to the control of the Education Committee.

NUMBERS.—In Batley the number of cripples known to the Medical Officer of Health at the present date (November, 1926) is 30, made up as follows :—

Tuberculosis 1. (There are 51 known children suffering from Tuberculosis but not cripples).

Rickets 9.

Infantile Paralysis 5.

Congenital deformities 7.

Injury at birth or later 2.

Various 6.

There are also ten cases with only slight crippling at present. These are under observation. The ages of all the foregoing children vary from 5 to 13. With the exception of four, all are in attendance at Elementary Schools in Batley.

TREATMENT.—A scheme for dealing with cripples in any community must include :—

(a) Facilities for discovery of cases at the earliest moment.

These already exist.

(b) Hospital provision.

(c) After care.

(1) When a case is discovered the patient should be referred for examination and treatment by a Surgeon specially skilled in Orthopædic Surgery. This examination could take place at the School Clinic, an Orthopædic Surgeon, appointed for the purpose, visiting and examining several cases at the same time, as occasion might require. There is no specialist of this kind nearer than Leeds or Bradford. It is not recommended that cripples should visit the surgeon for examination, as it is obvious it would be more convenient, particularly for the crippled children and those in charge of them, not to be obliged to make a journey out of town unless when absolutely necessary. It is essential that the surgeon should have control of beds in a suitable hospital. Such would be the case if a Leeds or Bradford specialist was appointed, and arrangements could be made by the Education Committee for payment for use of beds with the Governors of the hospitals concerned. The Leeds Education Committee pays the Leeds General Infirmary at the rate of £120 per annum for the actual period during which the patient is in residence. Those recommended for treatment in a country hospital are sent to the Marguerite Home, Thorparch, at the rate of £2 5s. 0d. per week. The ordinary hospitals have done good work, but experience shews special hospitals

are necessary. Orthopædic cases frequently require months or even two years' treatment, hence ordinary hospitals cannot spare their beds for such lengthy periods, whilst the local difficulty would be that no Orthopædic Surgeon lives within easy reach of the hospital. In Wakefield, children needing treatment are referred to the Clayton Hospital, which has now an Orthopædic Surgeon on its staff. The Yorkshire Children's Orthopædic Hospital at Kirbymoorside was opened about a year ago. The Leeds Education Committee pays £2 12s. 6d. weekly for each case sent there. In Shropshire and Staffordshire there are central specialised hospitals to which cases are drafted for treatment. These hospitals are schools with Board of Education grant, so that teaching continues side by side with treatment. Possibly such will be the case at Kirbymoorside in due course.

(2). AFTER CARE.—Clinics are necessary in which the patients' subsequent progress is watched. Such clinics should be visited at intervals by the surgeons and nurses from the Orthopædic Hospital to continue the specialised treatment. Facilities are necessary for the supply of requisite surgical appliances to be worn or used by children if required. It is also important that all cases should be kept under observation through the agency of School Nurses and reports made periodically to the School Medical Officer, who will then decide on the appropriate procedure. Provisional arrangements have been made to hold monthly clinics in connection with the Kirbymoorside Hospital at various centres, including Wakefield and Leeds, by which an Orthopædic Surgeon and a nurse from the hospital specially trained in Orthopædic work will examine and re-examine cases previously treated in the hospital.

(3) SUMMARY.—The alternatives open to the Education Committee appear to be:—

- (a) Appointment of an Orthopædic Surgeon from Leeds, Bradford, or Wakefield, with control of beds in hospital and making arrangements for admission of patients with governors of hospital.
- (b) Making arrangement with Yorkshire Hospital, Kirbymoorside, for clinical examination, hospital treatment, with periodical re-examination and treatment after discharge.

- (c) Arrangements for payment of fees, with purchase and upkeep of necessary surgical appliances, the parents in all cases to pay the whole or a proportion according to their means. This might be done by a sub-committee which could deal with cases as they might arise.

6. INFECTIOUS DISEASES.—The rules for exclusion of school children suffering from infectious conditions are on page 63 of the School Medical Officer's Report for 1924. The procedure has been fully described in previous annual reports, i.e., 1920.

Head Teachers reported 627 and School Attendance Officers 75 cases of infectious or contagious disease amongst scholars during the year.

Articles 45 (b), 53 (b), and 57 of the Code (Grant Regulations Nos. 8 and 9).

Certificates have been given under the above-mentioned Articles in connection with the following schools (the attendance having fallen below 60%) for the reasons specified:—

SCHOOL.	PERIOD.	REASON.
Gregory St. Infants'	Fortnight ended July 2nd	Mild Epidemic of Mumps.
do.	Week ended July 10th	do.
do.	do. July 16th	do.
Purlwell Junior	do. Nov. 19th	Epidemic of Chicken Pox.
Field Lane Infants' ..	do. Dec. 17th	do.
do.	do. Dec. 22nd.	Mild Epidemic of Chicken Pox.
Parish Church Infants'	do. Dec. 10th	Epidemic of Chicken Pox.
do.	„ Dec. 17th	do.
do.	do. Dec. 22nd	Mild Epidemic of Chicken Pox and several cases of Catarrhal Colds.
Staincliffe Infants' ..	do. Dec. 17th	Several Cases of Catarrhal Colds.
do.	do. Dec. 22nd	Several cases of Catarrhal Colds and Whooping Cough.
Mili Lane Infants' ...	do. Dec. 17th	Several cases of Catarrhal Colds and a few cases of Measles.
do.	Fortnight ended Dec. 22nd	Several cases of Catarrhal Colds and a mild epidemic of Chicken Pox.
Warwick Rd. Infants'	Week ended November 5th	Mild epidemic of Whooping Cough and Chicken Pox.

7. FOLLOWING UP.—The arrangements have been explained in previous Annual Reports to which reference may be made. The School Nurses made 2,717 visits to homes and 370 to schools, respecting scholars suffering from physical defects during 1926, apart from other visits on account of verminous or allied conditions.

8. MEDICAL TREATMENT.—All scholars found suffering from defects which need treatment are referred in the first instance to their own doctor. If for various reasons treatment is not obtained they are then recommended to attend the School Clinic or other suitable institution. The methods employed or available are described on Pages 13 and 14 of the Report of the S.M.O. for 1921 and brought up to date in the succeeding Reports. In the present one particulars of treatment are given in Section 5.

9. OPEN AIR EDUCATION.—

- (a) Playground classes are taken in the open air where facilities are available.
- (b) School journeys have been arranged and excursions made from various schools to places of interest in several parts of Yorkshire.
- (c) School Camps.—None have been reported as held during 1926.
- (d) Open Air Class Rooms are not yet in existence, but the tendency is in that direction. The School Medical Officer believes that there are arrangements for such classrooms in a new school now being erected at Healey.
- (e) Day Open Air Schools.—On pages 128 and 129 of the School Medical Officer's Annual Report for 1925, and 67 to 69 of the Annual Report for 1924, particulars are given of this subject in Batley, together with the essentials for a real Open Air School.

During the Spring the band stand in the Park—which had acted very successfully—was vacated for a building which had been erected by the Education Committee. 55 children were admitted to and 22 discharged from this school during 1926. Particulars are as below :—

	Duration of attendance.	Height.		Weight.		Inspiration.		Expiration.		Lung Capacity.	
		On Mths.	On admis.	On disch.	On admis.	On disch.	On admis.	On disch.	On admis.	On disch.	On admis.
BOYS—		Ins.	Ins.	Lbs.	Lbs.	Ins.	Ins.	Ins.	Ins.	C.C.	C.C.
F.M.	3	53½	54¼	58½	68¼	28	29	26	27	1500	1850
D.H.	25	48	51½	43	49½	23	24¾	22	22½	800	1150
J.G.	2	47	47½	55¾	57½	24½	25½	23	24¼	450	500
H.S.	8	45½	46½	51½	55¼	26	26	24¾	24	900	1200
T.H.	11	46½	49¼	46½	49½	24	25½	22¼	23	900	1250
J.B.	10	54½	57½	69¼	84½	27	*	25	*	1000	1450
M.G.	4	52	*	69¾	*	27½	*	26	*	750	*
GIRLS—											
E.J.	5	51	51¼	57	58¼	24	26	23	24¼	800	900
N.T.	11	52	54½	59	63½	25½	25¼	23½	23½	1000	700
E.R.	2	50½	51	53¾	55½	24	24¾	23	23½	600	350
E.F.	3	48	48	47½	48¾	23	24½	21	23	800	900
E.Br.	13	45¼	48¾	54½	62	25	27	24	25¾	800	800
E.S.	13	50	54	60	70¾	25¾	27	24	25	1450	*
L.W.	9	63½	65½	94¼	94½	27½	28	26½	26	1400	1500
M.K.	4	40½	*	33½	*	21½	*	20¼	*	*	*
L.F.	9	45¼	46¾	41¾	42¾	23¾	24	22¼	22¼	600	950
H.C.	4	49¾	49¾	52½	54¾	26	*	24¼	*	*	*
A.E.	6	45¾	46¾	47¼	48¼	23½	24	22	22¼	1000	1000
C.B.	2	48½	48½	46½	46½	25	25	23¼	23¼	500	500
F.A.	11	44¼	46½	45¾	49½	25	25¼	23	23¼	800	900
E.Be.	5	43½	44¼	42¼	44½	23¼	24½	21¾	22¾	550	950
A.W.	4	45½	*	47½	*	26	*	24¾	*	800	*

* Not taken.

(f) RESIDENTIAL OPEN SCHOOLS.—The Committee does not possess any.

10. PHYSICAL TRAINING.—Detailed arrangements for physical Training were given in the Annual Report for 1920, and it is stated these are the same to-day. There is no Area Organiser of Physical Training, this being said to be undertaken by the teachers in the schools.

11. **PROVISION OF MEALS.**—The S.M.O. is informed by the Director of Education that 9,998 meals were provided during 1926 for scholars. The children are selected by the Head Teachers, and meals provided through the agency of the Education Office. Should a dietary need approval it is stated the School Medical Officer would be consulted.

The procedure to obtain free meals is explained on Page 131 of the Annual Report for 1925 of the School Medical Officer.

12. **SCHOOL BATHS.**—There are none. Simple shower baths were recommended on Page 131 of the previous year's report for the new building the Committee erected in the Park, but were not constructed.

13. **CO-OPERATION OF PARENTS.**—During 1926 the percentage of parents attending the routine examinations was 64.6%.

14. **CO-OPERATION OF TEACHERS.**—Considerable work is done by teachers in partly preparing the inspection cards beforehand. They are the only people who can provide the information required for classification. They also weigh and measure the scholars. The majority are present at the routine and non-routine inspections, their presence being welcomed, it being mutually advantageous.

15. **CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.**—For many years there were two. One retired on superannuation, leaving his colleague as the sole officer. Co-operation with the School Medical Department is satisfactory.

16. **CO-OPERATION OF VOLUNTARY BODIES.**—A committee administers a charity known as the "Boots for the Bairns Fund," for which subscriptions are invited each year by the Mayor. Before 1923 distribution was undertaken by the Health Department through the Health Visitors, whose knowledge of the home conditions of all the children in Batley is of necessity superior to any other persons, however well disposed. Since 1923 the Education Department has taken charge, acting principally on recommendations from teachers who, although aware of a child's condition in school, have no knowledge as a general rule of the home circumstances. The Director of Education states 636 pairs of boots were given to scholars during 1926.

Very great assistance is willingly rendered by Mr. Inspector Lawlor of the N.S.P.C.C. His services are much appreciated.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.—

(a) Children suffering from these defects are discovered at routine and special examinations by the School Medical Officer. A report upon each case is made to the School Management Committee. Information is also obtained about such children from Health Visitors, School Nurses, Head Teachers, and School Attendance Officers. The Committee gives instructions to the Director of Education after consideration of the School Medical Officer's Report.

(b) All mentally defective children known are reported to the Committee. Should any not be in special schools they are supervised, so far as is possible, by the School Nurses.

(c) The Authority does not possess any Special Schools.

18. NURSERY SCHOOLS.—There are none.

19. SECONDARY SCHOOLS.—The medical inspection is performed by the School Medical Inspectors of the West Riding County Council.

20. CONTINUATION SCHOOLS.—The County Council is responsible for the medical inspection.

21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.—

(a) In this town scholars are principally employed in newspaper distribution and as errand boys.

(b) There is no co-ordination of the work of the School Medical Service with that of the Juvenile Employment Committee or of the Certifying Factory Surgeon for the district.

(c) The School Medical Service is not concerned—apart from paragraph (1)—with employed children and young persons.

The statistical tables required by the Board of Education in respect of children in attendance at Public Elementary Schools follow.

G. H. PEARCE, M.D., D.P.H.

Batley,

January, 1927.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.**A.—Routine Medical Inspections.**

Number of Code Group Inspections.—

Entrants	...	...	...	...	...	...	...	484
Intermediates	...	...	...	...	...	...	...	400
Leavers	...	...	...	...	...	...	...	500
								<hr/>
Total	...	...	...	...	...	...	...	1,384
								<hr/>

Number of other Routine Inspections 129

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	276
Number of Re-inspections	...	...	...	...	699
					<hr/>
Total	...	...	...	...	975
					<hr/>



TABLE II.

A.—Return of Defects found by Medical Inspection in the Year
Ended 31st December, 1926.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition		90	2	16	—
Uncleanliness (See Table IV., Group V.)		31	18	—	—
Skin.	Ringworm—				
	Scalp	—	—	—	—
	Body	—	—	—	—
	Scabies	—	—	—	—
	Impetigo	8	4	1	—
Other Diseases (Non-Tubercular)		3	4	1	—
Eye.	Blepharitis	14	5	2	—
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	1	3	—	—
	Defective Vision (excluding Squint)	80	93	33	—
	Squint	21	20	20	—
Other Conditions		—	4	—	—
Ear.	Defective Hearing	—	3	—	—
	Otitis Media	1	2	2	—
	Other Ear Diseases	—	—	—	—
Nose and Throat.	Enlarged Tonsils (only)	37	60	7	—
	Adenoids (only)	5	3	2	—
	Enlarged Tonsils and Adenoids	2	1	—	—
	Other Conditions	—	—	—	—
Enlarged Cervical Glands (Non-Tubercular)		43	34	—	—
Defective Speech		1	3	—	—
Teeth—Dental Diseases (See Table IV., Group IV.)		194	541	—	—

	(1)	(2)	(3)	(4)	(5)
Heart and Circulation.	Heart Diseases—				
	Organic	—	8	—	—
	Functional	—	—	—	—
	Anæmia	9	2	1	—
Lungs.	Bronchitis	5	17	—	—
	Other Non-Tubercular Diseases	—	—	—	—
Tuberculosis.	Pulmonary—				
	Definite	1	—	—	—
	Suspected	4	2	1	—
	Non-Pulmonary—				
	Glands	1	1	1	—
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	—	1	—
	Other Forms	—	—	—	—
Nervous System.	Epilepsy	—	—	—	—
	Chorea	1	—	—	—
	Other Conditions	1	1	—	—
Deformities.	Rickets	5	55	2	—
	Spinal Curvature	—	—	—	—
	Other Forms	—	19	2	—
	Other Defects and Diseases	4	105	3	1

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

Group.	Number of Children.		Percentage of children found to require treatment.
	Inspected	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups:			
Entrants	484	83	17.1
Intermediates	400	137	34.2
Leavers	500	148	29.6
Total (code groups)	1384	368	26.5
Other routine inspections	129	1	0.8

TABLE III.

Return of All Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1	—	1
		Attending Public Elementary Schools...			
		At other Institutions	1	—	1
	(ii) Suitable for training in a School or Class for the partially blind.	At no School or Institution			
		Attending Certified Schools or Classes for the Blind	1	1	2
		Attending Public Elementary Schools...	5	3	8
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	At other Institutions			
		At no School or Institution	1	—	1
		Attending Certified Schools or Classes for the Deaf			
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Public Elementary Schools...	—	1	1
		At other Institutions			
		At no School or Institution			
Mentally Defective.	Feeble-Minded (cases not notifiable to the Local Control Auth- ority.	Attending Certified Schools for Mentally Defective Children	49	12	61
		Attending Public Elementary Schools...			
		Attending Institutions			
	Notified to the Local Control Authority during the year.	At no School or Institution			
		Feeble-minded	1	1	2
		Imbeciles	1	—	1
Epileptics	Suffering from severe epilepsy.	Idiots			
		Attending Certified Schools (Special) for Epileptics	—	2	2
		In Institutions other than Certified Special Schools			
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools...		1	1
		At no School or Institution	—		
		Attending Public Elementary Schools ... At no School or Institution			

			Boys	Girls	Total
Physically Defective.	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	4	7
		At other Institutions	15	19	32
		At no School or Institution			
	Non - infectious but Active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			
		At Certified Residential Open-Air Schools			
		At Certified Day Open-Air Schools	47	42	89
		At Public Elementary Schools			
		At other Institutions			
		At no School or Institution			
	Delicate children (e.g., pre - or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open-Air Schools	24	36	60
		At Certified Day Open-Air Schools	97	70	167
		At Public Elementary Schools			
		At other Institutions			
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	1	1
		At Public Elementary Schools	1	2	3
		At other Institutions	3	1	4
		At no School or Institution			
	Crippled Children (other than those with active tuberculosis), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools			
		At Public Elementary Schools	21	26	47
		At other Institutions	3	1	4
		At no School or Institution			

TABLE IV.

Return of Defects Treated during the Year ended 31st December,
1926.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

(Excluding Uncleanliness, for which see Group V.).

Disease or Defect. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN			
Ringworm—Scalp	4	1	5
Ringworm—Body	7	1	8
Scabies	Nil.	Nil.	Nil.
Impetigo	31	10	41
Other Skin Diseases	1	1	2
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	39	6	45
MINOR EAR DEFECTS	10	2	12
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	4	4	8
TOTAL	96	25	121

TABLE IV. (Continued).**GROUP 2.—DEFECTIVE VISION AND SQUINT.**

(Excluding Minor Eye Defects treated as Minor Ailments).

GROUP 1.

Disease or Defect.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint).	226	Nil.	Nil.	226
Other Defect or Disease of the Eyes (excluding those recorded in Group 1.)	18	Nil.	Nil.	18
TOTAL	244	Nil.	Nil.	244

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme 210

(b) Otherwise Nil.

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme 210

(b) Otherwise Nil.

Group 3.—Treatment of Defects of Nose and Throat.**NUMBER OF DEFECTS.**

Received operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received Other Forms of Treatment.	Total Number Treated.
(1)	(2)	(3)	(4)	(5)
59	7	66	Nil.	66

TABLE IV. (Continued).

Group 4.—Dental Defects.

*(1) Number of children who were:—

(a) Inspected by the Dentist:—

		Aged		
Routine Age Groups ...	{	5.....	312	} Total ... 3,591
		6.....	613	
		7.....	398	
		8.....	360	
		9.....	429	
		10.....	491	
		11.....	545	
		12.....	434	
		13.....	9	
		14.....	Nil.	
Specials ...				40
Grand Total ...				<u>3,631</u>

* Actual number of inspections ... 4953

(b) Found to require treatment ... 2298

(c) Actually treated ... 1275

(d) Re-treated during the year as the result
of periodical examination ... 99

(2) Half-days devoted to

Inspection ... 53

Treatment ... 225 Total ... 278

(3) Attendances made by children for treatment 2718

(4) Fillings—

Permanent teeth ... 1687

Temporary teeth ... 48—Total ... 1735

(5) Extractions—

Permanent teeth ... 203

Temporary teeth ... 2962—Total ... 3165

(6) Administrations of general anæsthetics for
extractions ... None.

(7) Other operations—

Permanent teeth ... 250

Temporary teeth ... 38—Total .. 288

TABLE IV. (Continued).

Group 5.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurse	10.1
(2) Total number of examinations of children in the Schools by School Nurses	9,357
(3) Number of individual children found unclean	497
(4) Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(5) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	Nil.
(b) Under School Attendance Bye-laws	2



